



Harford County Department of Parks and Recreation  
**ABOVE & BEYOND**  
ADVENTURE EXPERIENTIAL PROGRAM

**REGISTRATION FORM**

Group Name (if applicable): \_\_\_\_\_ Date of Program: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Would you like to receive occasional email updates on our programs including our climbing wall? \_\_\_\_\_

Email Address: \_\_\_\_\_

In consideration of the acceptance of my participation in this program, I hereby for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I may have against Harford County, a body corporate and politic of the State of Maryland, Harford County Public Schools, their agents and sponsors, for any and all liability claims, judgments, or demands for damages arising as a result of any course or activity conducted by facilitators and staff. I further attest by my signature the recognition of the inherent risk involved in participation in any physical activity and certify that I am (my child is) a willing participant in this Adventure Experiential Program at Harford Glen and/or Edgeley Grove. Above & Beyond reserves the right to photograph participants for publicity purposes.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian's signature required if participant is under 18 years of age.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_